



Victim Service Provider (VSP) Application

Submit to:

Office of Victim Services Education & Certification

1205 Pendleton Street

Columbia, South Carolina 29201

Phone: 803.734.0357

Fax: 803.734.1428

E-mail: ovsec@admin.sc.gov

www.ovsec.sc.gov

OVSEC OFFICE USE ONLY

OVSEC reviewer: _____

Date received: _____

Application approved: ☐ YES ☐ NO

Date approved: _____

Assigned VSP#: _____ - _____

Status: ☐ "Basic VSP"

☐ "Notifier/Support Staff"

Name:	<input type="text"/>	Preferred Name:	<input type="text"/>	Title:	<input type="text"/>
Agency/Organization Name:	<input type="text"/>				
Agency/Organization Address:	<input type="text"/>				
E-mail:	<input type="text"/>	Phone:	<input type="text"/>	Start Date:	<input type="text"/>

Please check all that apply:

☐ Paid Employment ☐ Volunteer

☐ Part-Time ☐ Full-Time

☐ State Agency ☐ Federal Agency

☐ Local/County/City ☐ Private Organization

How many years of service as a "Victim Service Provider?"

Classification: (please check all that apply)

☐ LEVA

☐ Solicitor Advocate

☐ Non-Profit

☐ State Agency

☐ Federal Agency

☐ Courts

☐ Detention Center

Other (please list):

Please describe major
Direct Victim Service
duties or responsibilities
and actual position
description :

Educational Background
(include any victim service
related training in the last
two years):

Credentialing

☐ "Basic VSP":

Within one year of your start date, you must complete the 15 hours basic training curriculum as outlined in "required" for basic credentialing.

☐ "Notifier/Support Staff":

You must complete the 2 hour Notifier/Support Staff training track every other year.

Please read the following and sign where appropriate.

For Applicant:

I, undersigned applicant, hereby certify that the information submitted on this application is true and accurate. I further certify that the information reported on any given enclosures is true and accurate.

Signature of Applicant: _____

Date: _____

For Agency Director/Supervisor:

I, undersigned Director/Supervisor, hereby certify that the information submitted on this applicant is true and accurate. I further certify that the information reported on any given enclosures is true and accurate.

Signature of Director/Supervisor: _____

Date: _____

Name: Title:

E-mail: Phone:

Notice: OVSEC certification does not constitute licensure and is not to be construed as a warranty of the "applicant's" ability to deliver services. The applicant retains sole liability for any consequences stemming from deliberate falsehoods, misrepresentations, or forgeries in this application, and OVSEC makes no guarantee that the information in this application is accurate or complete.